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COVID 19 in U.S. Migrant Detention Centers: The Call for Freedom in the Face of a Global Pandemic

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**COVID 19 in U.S. Migrant Detention Centers: The Call for Freedom in the Face of a
Global Pandemic**

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Abstract

My research paper investigates the responses of the U.S. immigration detention system to the COVID 19 pandemic and determines the capacity of the detention centers to keep detained individuals alive and healthy. As I analyze their capacities, I look to past detention center outbreaks, updated public health resources, reports on ICE facility conditions and the testimonies of migrant people who were detained during the COVID 19 crisis. The urgency of the COVID 19 pandemic is why I dedicate part of my paper to what needs to be done to prevent the situation from worsening. In drawing from these various sources, I argue that keeping migrant people in detention during a pandemic will result in mass death, which is why we must demand the freedom of all detained people.

Abstracto

Mi artículo de investigación investiga las respuestas del sistema de detención de inmigración de Estados Unidos a la pandemia COVID 19 y determina su capacidad para mantener a las personas detenidas vivas y saludables. Mientras analizo sus capacidades, miro a brotes pasados en los centros de detención, los recursos de salud pública actualizados, los informes sobre las condiciones de los centros y los testimonios de las personas migrantes que fueron detenidas durante la crisis de COVID 19. La urgencia de la pandemia COVID 19 es la razón por la que dedicó parte de mi documento a lo que hay que hacer para evitar que la situación empeore. Al extraer de estas diversas fuentes, sostengo que mantener a los migrantes detenidos durante una pandemia dará lugar a una muerte masiva, por lo que debemos exigir la libertad de todas las personas detenidas.

COVID 19 in U.S. Migrant Detention Centers: The Call for Freedom in the Face of a Global Pandemic

Salma Rojas

Humanity has seen pandemics in the past but nothing on the scale of the recent global outbreak of coronavirus. Some people are saying that coronavirus, also known as COVID 19, is the great equalizer and no one can escape it. Although the virus is extremely contagious, people are not affected by it in the same way and some can protect themselves more easily than others. The tremendous levels of inequality and injustice influence how people are impacted by this pandemic. Some are losing their jobs due to the quarantine and the temporary shutting down of businesses and many people do not have access to free healthcare. In all parts of the world, but especially in the United States (U.S.), a group of people that hardly receives any protection and are in some of the most vulnerable situations are migrant communities. On top of socioeconomic and political hardship they may face, nearly 40,000 migrants are currently being detained in U.S. detention facilities (Mendoza, 2020, p. 1). Once the virus hits a facility, a rapid spread is inevitable and certain to contaminate many people inside these centers.

This highly contagious virus first came to the U.S. in January, but is now all over the country, and is quickly spreading to prisons and detention centers. This very easily transmissible respiratory illness has resulted in 4,300,000 confirmed cases worldwide and that number is increasing by the minute (COVID-19 Map, 2020). COVID-19 can stay in the air as particles for up to 3 hours and on surfaces for days (Volkin, 2020, p. 1). As of May 11, 2020, there are 869 reported migrants in detention who have tested positive for COVID-19 (ICE Guidance, 2020, p. 1). Over 200 operational facilities detaining migrants have been known for overcrowding, medical neglect, unsanitary conditions, sexual assault, and deaths in their custody (Mapping,

2020, p. 1). If the U.S. detention system has historically not provided livable, decent conditions, the densely populated and ill-equipped facilities will certainly not be able to handle a COVID-19 outbreak. The first COVID-19 case in U.S. immigration detention centers was reported in late March, and cases are now appearing in centers all across the United States (ICE Guidance, 2020, p.1). Meanwhile, private corporate prison firms such as GeoGroup and CoreCivic continue to profit largely due to having 70% of the detained migrant population in private for-profit prisons (Haberman, 2018, p.1). In response to the U.S. detention system continuing to imprison people in face of a pandemic, several nonprofits and activists are demanding to set all detained people free. It is within this context of advocating for freedom from a pandemic-ridden detention that this paper is positioned. I now confront who I am, as an author, to navigate and analyze this situation.

Positionality

I come from an immigrant family who migrated to the United States from Mexico in the 1990s. I have family members and close friends who have had to return, via deportation and other reasons, to our country of origin. Being displaced and the familial, economic, and political impacts it bears has influenced every aspect of my life. The experiences of my family and friends have greatly informed my politics and belief systems. I believe that most people fleeing their countries and heading to the U.S. do not leave their home because they want to do so. My family left Mexico because they needed to find work to survive, and to be reunited with family already in the states.

I also grew up in Arizona, home to the brutal Sonoran Desert and many anti-immigrant policies. Because these policies and harsh realities impacted my predominantly immigrant community, I wanted to make sure what I learned in college was grounded in the issues that have most impacted my upbringing. It was in college where I was able to identify and label what I

already knew through lived experience. I soon learned that the problems my loved ones and I were experiencing were the results of capitalist interests. The destroyed economies, forced displacement, and general violence imposed onto people causing them to leave their home are a result of exploitative practices of capitalism. People have gained their power and wealth through the oppression of others, and the environment these oppressive systems produce make it so people have to flee.

I believe the various issues my paper addresses are born out of a system of oppression that aims to exploit specific people and lands for a designated reason. My belief is grounded in the critical theory paradigm as described by Hesse-Biber, which contends that everything has been constructed within the context of a power-consumed society (2017, p.27). Critical theorists are “weary of notions of absolute truth and base their concerns on the historical inequities produced by this rigid view of knowledge” and as a result of these concerns, many spaces of resistive, counter-hegemonic knowledge production that destabilize relations of dominance are created (Hesse-Biber, 2017, p. 27). It is my intention that my paper will contribute to the counter-hegemonic discourse around the intersection of the U.S. incarceration system and immigration. Profiting off of the imprisonment of people, especially during a pandemic, is a material consequence of relations of power and I explain why this is a significant issue in my paper. In addition to demonstrating the harm of keeping people imprisoned, I illuminate the ways we can resist these forms of violence. Using critical theory, I not only discuss how the oppressors are using their power to dominate and further suppress the repressed, but also examine what actions are being taken and what must be done in order to reach a more equitable and liberated social reality. There are actions that need to be taken in order to fight back, and critical theory will aid me in identifying the issues and how to target them.

Purpose of Study

My intention is to investigate the U.S. immigration detention system's capacity to prevent a coronavirus outbreak. These centers already have a history of intolerable conditions, and in examining their capacities, I bring to light why keeping people detained will result in even more people dying. In looking into what medical and other services are in these spaces, I can specify why keeping people detained while preventing an outbreak is not possible. Allowing people to remain detained in these enclosed spaces will only result in sickness, hospitalizations, and death. I will explain this in my paper by answering the following research questions: (1) What is the current situation with the COVID-19 virus infection and spread in the US detention centers on the US-Mexican border? (2) What capacity, medical and otherwise, do these detention centers have in controlling this COVID-19 outbreak? (3) What effect is this outbreak having on the migrants and generally on the detention centers? (4) As a result, how are people organizing around setting migrants free? (5) What does setting migrants free entail?

I address my five research questions by splitting my paper into two main sections: (i) describing the problem and (ii) considering the actions to resolve it. The first part, describing the problem, answers above questions (1), (2), and (3). In doing so, this first part details the current conditions of U.S. detention centers, focusing on those along the US-Mexican border. I explain what type of medical services are in these facilities and how these centers are responding to COVID-19. To see how efficient these services are within the centers, I provide a brief overview of the recent history of treatment of detained migrant people, given several of them have died in these centers. Referencing how the virus has spread in other spaces, I discuss how the illness will likely be affecting the migrants. After explaining why keeping people detained is problematic, the second part of my research, directed to above research questions (4) and (5), delves into how

people are now organizing around setting the people in these centers free. People have been organizing around setting prisoners free, and I explore what some successes and failures are of these efforts. I then focus on what setting detained migrants free entails and uncover who has the power and what loops need to be jumped through to accomplish this. Lastly, I investigate some resources for people still trying to get to their destination and families. With this structure, my paper intends to explain the problem and then propose solutions because the lives of thousands of human beings are presently at stake.

The Imperative of Addressing COVID 19 in Migrant Detention Centers

Investigating this topic is important because the systems of oppression that create these conditions which force people to leave their home and then to become imprisoned, are intentionally made this way. The economic and political contexts many migrants are coming from are a result of a history of exploitation. One of the main authors of this exploitation is the U.S., which is exemplified in the destructive nature of its foreign policies that have fueled the wars, extreme poverty, and violence in the countries people are fleeing from today (Gordon 2019). It is those same authors of oppression that continue to profit off the criminalization of migrant people by placing them into for-profit prisons. People are displaced, fleeing to where they feel they may be able to survive, but are faced with the threats of deportation and detention due to their immigration status. All these dangers and threats are so pervasive in our society, it is imperative that these issues do not get ignored.

There are certain experiences and fears that people, like those from my immigrant community, do not have to encounter. Through my lived experience, I have been able to see how difficult and unfair the reality is for migrant communities. People should not have to be separated from their families, nor be imprisoned for trying to reunite with them. I disagree with using

detention as a means of punishment, especially when a pandemic will only worsen the reality migrant people are currently experiencing. I aim to explain why people should not be capitalizing off of the imprisonment of human beings, nor allowing people to be imprisoned in the first place.

Through a critical theory lens, it is important that I uncover all the ways this dominant reality is oppressive and identify how to fight against it. In *Pedagogy of the Oppressed* (1970), Freire explains that the oppressor's consciousness desires to dominate and profit while reducing life into objects of exploitation. The way our oppressive reality has been constructed to benefit the rich and powerful, will only be dismantled with fierce resistance from organized people at the grassroots. The oppressed are so submerged in their oppressive reality, it can be difficult to see outside of it, but Freire explains that in order for authentic liberation the oppressed must be active agents in obtaining it. Under the oppressor's consciousness, the imprisonment of people is another way to profit and possess. I hope my paper contributes to a dialogue which aims to transform a former oppressive reality to one where life is valued and not exploited. In doing so, my paper will identify the oppressed and the oppressor is within the context of the incarcerating migrant people.

History of Immigration Detention in the United States

In order to fully grasp the complicated immigration situation in regards to COVID-19, I must first briefly explain the history of immigration to the U.S. and its relationship to the detention system. The immigration crisis at the southern border we see today is the direct result of U.S. intervention in Central America and Mexico (Gordon, 2019, p.1). In addition to the U.S. backing state-sanctioned violence, the neoliberalization that took place in the 1990s has resulted in destroyed local economies, a growing dependence on foreign corporations, and significant

environmental degradation (Gordon, 2019, p.1). Because of this intervention, people have had to flee their countries to escape violence and find a way to survive. Of immigrant people that have been apprehended by the U.S. Customs and Border Patrol (CBP) on the Southwest border in 2019, 91% of 851,508 are from Guatemala, Honduras, Mexico, and El Salvador (U.S. CBP, 2019, p. 37-39). The mass exodus and subsequent detention of people from these countries is no coincidence when looking at the history of U.S. involvement in their homes.

Detention was never the primary means of immigration enforcement until the 1990s. With the rise of neoliberalism in the 80s and 90s, came the privatization and expansion of the incarceration system. Private prison firms like Geo Group and CoreCivic profit millions of dollars each year by keeping people imprisoned. These same private prison firms are the ones lobbying the government to institute contractual bed quotas, which require Immigration and Customs Enforcement (ICE) to pay for a certain number of detention beds, thus incentivizing ICE to imprison people so government money is not being “wasted” (Carson, 2015, p.1). The expansion of private prisons, along with the worsening conditions in countries of origin, is why the daily average of people in detention has grown from 6,785 in 1994 to the 45,815 people in immigration detention in 2019 (Lind, 2019).

The U.S. detention system further developed when a post 9/11 American culture and politics quickly became consumed with xenophobia. After 9/11, the Immigration and Naturalization Service was divided into the U.S. Citizenship and Immigration Service (USCIS), Immigration and Customs Enforcement (ICE) and Customs and Border Protection (CBP) under the Department of Homeland Security (DHS) (Detention Watch, 2020, p.1). Migrant detention centers are part of ICE’s Office of Enforcement and Removal Operations, which is currently detaining thousands of migrant people (Detention Watch, 2020). The likely reason why they are

being detained is because they do not have proper documentation, yet the convergence of criminal and immigration law has blurred who gets detained and for what reasons (U.S. Detention, 2015, p.1). Today, thousands of people end up staying in these prisons for months to years.

Argument

As previously mentioned, my argument is split up into two main parts, the first part is for illustrating the issue of immigration detention in face of a pandemic and the second part is for investigating solutions for this problem. In describing the problem, I address research questions 1, 2 and 3, and the solution focused part addresses research questions 4 and 5. Due to the novelty and unpredictable nature of COVID -19, my argument relies on identifying the responses ICE has claimed to have taken, ICE's history with detention centers, the updated information from public health sources, and the testimonies of migrant people who were in ICE custody during the pandemic. All these sources have informed the complex situation of COVID 19 in detention centers.

Describing the Problem

Current state of COVID 19 in migrants detention centers. The first reported case of COVID 19 in a migrant detention center was on March 24, 2020, and a little over a month later, there are about 869 detainees who have tested positive, and only 1,686 tests have been distributed (ICE Guidance, 2020, p.1). Since late March, ICE has been publicizing updated guidances on the number of people infected and how they are responding to the pandemic. ICE has responded to COVID 19 by turning to the Pandemic Response Requirements, which is supposed to dramatically change the functioning of the detention center.

Under these modified protocols, detention facilities must adopt detection, prevention, and mitigation measures specific to COVID 19. Some of these measures include, but are not limited to: increased health screenings, reinforced hygiene practices, modified visitation programs, and medical isolation (. In conjunction with these facility protocols, ICE Enforcement and Removal Operations (ERO) is supposed to exercise discretion to delay enforcement actions until after the crisis or utilize alternatives to detention, as appropriate. ICE has claimed to be taking the virus seriously and are adamantly working on detecting and slowing the spread of the virus by depending on their Pandemic Response Requirements. However, their health and safety protocols have failed in the past, and are failing now. On May 6th, Carlos Escobar-Mejia, a 57-year-old Salvadoran man being held at the Otay Mesa Detention Center in California died because of COVID 19 (Rivlin-Nadler, 2020, p.1). It was at this same detention center that detainees would only be given face masks if they signed a contract that would have waived their rights to make a claim against CoreCivic (Morrissey, 2020, p.1). Although ICE has claimed they have implemented these protocols and they are helping mitigate the spread of a virus, the death of migrants in their custody continues.

In a live press conference put on by an Arizona-based immigrant rights organization Trans Queer Pueblo, various organizers, formerly detained LGBTQ+ migrant people, legal advocates and reporters, came together to discuss the reality of COVID 19 in detention centers. This discussion focused around the six Queer and Trans individuals who were detained in Arizona. All of them were recently liberated from ICE custody, and were able to provide insight into the grim reality of how ICE is responding to COVID 19. ICE is claiming their facilities are clean and safe, but these formerly detained people tell a very different story. What's going on inside them the only way of knowing for sure is by phone calls and also the people who have

been just recently released this is why I chose to rely mainly upon testimonies of recently to 10 people and historical track record of conditions in the centers

Some of the common threads their testimonies shared was a sense of terror, confusion and neglect in the centers. Daniel Bismar Rodriguez Alvarez, a gay man from Cuba who was detained at CoreCivic's La Palma Correctional Center in Arizona, details some of the rising anxieties inside the center (Trans Queer Pueblo, 2020). Up until Alvarez's release on April 14, 2020, he saw no guards wearing personal protective equipment (PPE) and no improvement in sanitation measures (Trans Queer Pueblo, 2020). When the detainees asked the guards to use PPE, they would threaten them with segregation or write-ups (Trans Queer Pueblo, 2020). Alvarez also explains that ICE never did health check ups while in segregations and when he requested a temperature check, the ICE agents rejected him (Trans Queer Pueblo, 2020). These responses from detention personnel have exacerbated a sense of fear which has led to various strikes and actions all over the country within migrant detention centers. People inside were feeling terrified because the employees would not tell them what was going on, so the only thing they knew was that there was this deadly disease and it was now in their facility (Trans Queer Pueblo, 2020). When the people detained started organizing themselves in response to their fears, they were met with violence.

These fears are depicted in a letter signed by 30 people to the organization Trans Queer Pueblo from Joel Edgardo Cornejo, who is being detained in Arizona's La Palma Correctional Center. The letter explains an incident where Cornejo along with other detainees were asking the ICE employees to answer their questions about this unknown, deadly virus on the news, which was now in their facility (Trans Queer Pueblo, 2020). The guards refused to answer any of their questions, so in response, Joel and several others participated in a peaceful strike (Trans Queer

Pueblo, 2020). Once the guards were aware of the strike, they told the people striking that an ICE official would come talk to them about the virus, which was a lie, because the next people the strikers encountered were armed guards who used tear gas and rubber bullets on the detainees (Trans Queer Pueblo, 2020). Cornejo and others tried submitting multiple complaints, but they were all rejected so word would not get out (Trans Queer Pueblo, 2020). Irandy Borrego Martínez, a gay man from Cuba who was detained at La Palma Correctional Center, said he has many friends who are still detained there and the situation has not changed (Trans Queer Pueblo, 2020).

ICE is doing whatever it can to keep the public and its detainees in the dark about the COVID 19 situation in detention centers. Brittany, a trans woman from Cuba who was detained at CoreCivic's Eloy Detention Center, expressed that ICE never told them anything about COVID 19, but had to learn about the virus through watching television inside of detention (Trans Queer Pueblo, 2020). When they learned of the COVID 19 reaching their facility, many of them were terrified which led them to trying to contact reporters, so the public could see the conditions they were enduring (Trans Queer Pueblo, 2020). When the detention center learned about their efforts to contact reporters, the response was to put people in segregation as a form of punishment (Trans Queer Pueblo, 2020). Some of these people, including a friend of Brittany's, are still in segregation for trying to contact reporters (Trans Queer Pueblo, 2020). There is a significant lack of honest and clear communication with detained individuals, their families, and the outside world.

In addition to not communicating with detained individuals, detention centers were not abiding by their own protocols. Part of the protocols are supposed to quarantine newly detained migrants for 14 days, but these requirements are not being followed (Interim Guidance, 2020,

p.1). On April 16, 2020, a man being detained in Northwest Detention Center in Tacoma, Washington said people are only staying quarantined for no more than five days (IGTV, 2020). The centers make it impossible to social distance, and the detainees were not provided hand sanitizer (Trans Queer Pueblo, 2020). Detained migrants have reported expresses that it was very difficult to keep herself and the whole facility clean. In the Northwest Detention Center, detainees were only allowed 3 showers a week (IGTV, 2020). Anything you need for hygiene purposes, you would have to make a request for it, and it took many days to get a response (Trans Queer Pueblo, 2020).

In La Palma Correctional Center, the segregation of people with compromised immune systems was implemented through violent threats. This violence was witnessed by Keysha Jazury Sol Herrera, a Guatemalan trans woman with a health condition categorized as vulnerable to COVID 19. ICE's response was to put people that had illnesses in segregation which deeply concerned her because if one of them became ill, they were likely all going to contract the virus. The guards said that if people were not going to comply with segregation, then ICE will take them by force. Herrera feels that isolating all of the people with weakened immune systems is a "horrible strategy" because it makes them more vulnerable to the virus and one another.

The conditions within ICE's detention centers are known for intolerable conditions, and today is no different. The main issues brought up by the testimonies include: a lack of communication, not using appropriate protective equipment, medical negligence, physical abuse, verbal threats and rampant anxiety. The testimonies point to ICE's inability to care for its detainees with respect, nor decency.

Migrant Detention Center's Capacity for Maintaining a Virus. The former acting director of ICE, John Sandweg, released an Atlantic article saying that the only way to save the

people inside ICE's detention centers is to free all nonviolent detained migrants (2020). He warns readers that "once the virus tears through a detention center, crucial and limited medical resources will need to be diverted to treat those infected" (Sandweg, 2020, p. 1) If the former acting director of ICE admits detaining people is a huge public health risk, it is time to reevaluate what detention centers are capable of handling.

The Center for Disease Control released an "Interim Guidance on Management of Coronavirus Disease 2019 (COVID 19) in Correctional and Detention Facilities", which provides guidance on prevention, management, and controlling COVID 19. It was these CDC guidelines that informed ICE's COVID 19 specific Pandemic Response Requirements (PRR), but they still do not guarantee the health and safety of the people detained. To analyze whether or not ICE is capable of preventing the spread of COVID 19, it is imperative I examine how effective PRR would be, as well as highlighting ICE'S history of past outbreaks and disease within facilities.

There are several issues with both the CDC's guidance and ICE's Pandemic Response Requirements. One of the biggest risks has to do with the asymptomatic nature of COVID 19 (Clinical Questions, 2020, p.1). The CDC only recommends temperature checks for staff members and those that already are sick (Interim Guidance, 2020, p.1). This in itself is an issue, because people can be asymptomatic, continue to spread the virus, and not be quarantined. The CDC recommended that detention facilities first place individuals who test positive for COVID 19 in medical isolation by themselves, or if individual isolation is not possible, in a cohort of other sick individuals (Interim Guidance, 2020, p.1). This is an ineffective strategy considering how difficult it would be to track everyone an infected person has come into contact with. ICE is not capable of placing all of their infected detainees in their own separate isolation, and they

have already started placing people in segregation cohorts (Trans Queer Pueblo, 2020).

Moreover, anyone who tests positive for COVID 19 could have spread the virus in various shared spaces, where many people pass through.

ICE's response to keeping people with compromised immune systems safe was placing them all in a cohort which was recommended by the CDC, but seen as a last resort (Interim Guidance, 2020, p.1). Because all of them are compromised if one of them gets sick they will likely all get sick. All of the people who gave testimony in the Trans Queer Pueblo conference recounted all of them being placed in cohorts and felt this strategy placed them in danger (2020). They felt that this strategy was like a death sentence because ICE placed them all together and refused to test them (Trans Queer Pueblo, 2020).

Given ICE's track record with medical negligence, their ability to tend to sick individuals cannot be trusted. In August 2019, three doctors wrote a letter to Congress calling on them to investigate the health care at border facilities detaining children (Melinek, p. 1). After having performed autopsies on several migrant children, these doctors discovered that at least 3 children in ICE custody died in part to influenza (Melinek, 2019, p.1). Flu deaths are almost always preventable, yet detained migrant children are dying from it. Their letter also points out that the combination of rapid turnover of detainees with long-term detention increases the risk of transmission of influenza, this situation is still seen today with COVID 19 (Melinek, 2019, p. 1). Although people, even children, are dying in detention facilities, ICE fails to provide proper medical attention to those who need it. After this letter was sent out, ICE still has not vaccinated children (Melinek, 2019, p. 1).

ICE has multiple structural issues that inhibit an easy, reliable access to medical care within these facilities. The difficult access to medical care is exemplified within ICE's Treatment

Authorization Request (TAR) system. Before any detainees can receive medical assistance, they must send a TAR to the facility's medical unit and the medical staff is supposed to assess their request within 48 hours (Detained and Denied, 2017, p.5). In reality, assessing these requests can take several days and are frequently denied (Detained and Denied, 2017, p.10). There is no medical classification system other than a limited use coding of healthy and unhealthy, which can lead to more negligence if the medical staff are not fully aware of the migrants' health (Schriro, 2009, p. 25). ICE has little reliable medical care information about the detained population.

An extensive, four-part series on detainee medical care by the Washington Post in May 2008 found “a hidden world of flawed medical judgments, faulty administrative practices, neglectful guards, ill-trained technicians, sloppy record-keeping, lost medical files and dangerous staff shortages” (Problems, 2008). Accessing medical care is made even more difficult by the language access barrier, incomplete intake assessments, denial of care, delays in treatment, and the ignoring of people with chronic illnesses and acute pain (Detained and Denied, 2017, p. 6-13). ICE claims their national detention standards ensure individuals in ICE custody are treated with dignity and respect, and provided the best possible care, yet this is simply another empty promise.

The facilities are not capable of handling an outbreak because they are already too condensed and social distancing is not possible. One of the most notable places for overcrowding and unsanitary conditions was in the Border Patrol's detention facility in Clint, Texas. In May of 2019 700 children were crammed into a facility meant to detain 100 people (Rose, 2019, p.1). The inspector found evidence of a lice infestation, children also told him about going hungry and

being forced to sleep on the floors (Romero, 2019, p.1). The facilities along the border are among the most crowded, which poses another significant threat.

One of the most recent outbreaks prior to COVID 19, was the mumps outbreak that started in September 2018 and lasted until August 2019, where a total of 898 confirmed and probable mumps cases were found in adult migrants detained in 57 facilities (Leung 2019). 84% of the patients were exposed while in custody of ICE or another U.S. agency, which speaks to how easy it is to spread a virus when in ICE custody. ICE facilities have also had measles outbreaks in the recent years, and have struggled to contain other infectious diseases. The spread of disease works incredibly quickly in detention centers which poses a risk to everyone in these spaces.

Although ICE has passed every inspection since 2012, that does not necessarily mean they should have. In 2009, Congress passed a bill that would stop ICE from extending funds to facilities with failed two consecutive inspections (Lives in Peril, 2015, p.2-3). This may seem like a good idea, except in reality, inspectors, who often are ICE employees themselves, have been conducting ineffective inspections (Lives in Peril, 2015, p.2). There is a significant lack of oversight and accountability in the inspection process of detention facilities, which leads to even more unreported health and safety violations. A 2015 report for the The Immigration Detention Transparency and Human Rights Project reviewed five years of inspections for 105 of the largest immigration detention centers and found that inadequate oversight and concerning conditions in these facilities persisted. One of their central findings was that ICE fails to adequately assess detained immigrants' experience because facilities are notified of inspections in advance, the inspections reports are not designed to capture the actual conditions, and inspectors often used outdated standards (Life in Peril, 2015, p. 4).

When there are violations, the financial penalties for privately-run detention centres are so minimal, it often costs less for the centers to pay the penalty than to meet the obligation and hire additional medical staff (Wessler, 2016, p. 1). Each facility varies in size, which changes the number of medical professionals necessary to properly care for the health and safety of detainees. However, there have been several situations where a facility does not have any trained medical personnel on site. The hiring of the medical professional in these facilities is also questionable. In the summer of 2019, a private prison firm, Geo Group, posted a job listing for a doctor to work in a detention facility in Louisiana. The listing offered a yearly salary of \$400,000 and stated (Brown, 2019, p.1). ICE also does not have a standardized procedure that ensures there is the necessary amount of medical personnel on site.

ICE has a multitude of structural issues that inhibit it from giving proper care to the people inside their centers. The densely packed facilities will result in easier transmission and the poor, slow, and often nonexistent medical care will not help infected people. The structural problems in conjunction with the historical negligent and abusive nature of detention facilities, will result in many lost lives of migrant people.

The Consequences of a COVID 19 Outbreak for Detained Migrants. Because ICE detention centers are incapable of containing a virus, the lives of migrants within these detention centers are severely endangered. COVID 19 does not just kill those with compromised immune systems, it can attack anyone. Although the virus is fairly new, existing data on the number of COVID cases resulting in death suggest the fatality rate in the U.S. is approximately 5% (COVID 19 Map, 2020, p. 1). The fatality rate is dependent upon access to healthcare, which is severely lacking in migrant detention centers. There are already confirmed COVID 19 related deaths of detained migrants and facility employees.

The medical care inside and outside of facilities will be overburdened with an outbreak of COVID cases inside a center. The slow and insufficient medical services ICE sometimes provides would quickly become overwhelmed making it harder to assist increasing numbers of infected people. Detainees would have to put in a request and wait days before they receive any medical assistance, and this slow bureaucratic process will likely result in more people remaining un-quarantined and transmitting the illness to other individuals. Hospitals are already being overwhelmed with the wave of new COVID cases, and keeping migrant people detained will further overwhelm the medical care system. Almicar Rodolfo Coronado, a formerly detained Guatemalan man, said “ICE wanted to see you get worse or be on the edge of death in order to give you any type of medical attention” (Trans Queer Pueblo, 2020).

In addition to COVID 19 risking the lives of thousands of migrant people, the social distancing measures implemented by ICE are stripping migrant people of their rights to due process in immigration proceedings. The U.S. is still deporting people without many of them being able to adequately consult with their lawyers. Valentina Restrepo-Montoy, an attorney for the Florence Immigrant and Refugee Rights Project said it has been very difficult to get in contact with her client and that their court hearings are all pushed back (Trans Queer Pueblo, 2020). Any proceedings that do happen, would likely be a video conference which is a deeply flawed process prompting miscommunication, technical malfunctions, and more difficulty on translators. I have witnessed a video conference immigration proceeding, and the judge hardly looked at the TV display to see if the person on trial understood what was happening. A study found video conferencing proceedings to make it more difficult for a judge to analyze eye contact, nonverbal forms of communication, and body language (Booz Allen, 2020, p.23). These

new pandemic restrictions in courtrooms and detention centers are gambling with the lives of migrant people.

Another social distancing tactic ICE has been implementing is not having any official inspections of migrant detention facilities (ICE Facility Inspections, 2020, p.1). Although the inspections themselves are untrustworthy, this is another lack of oversight which enables these facilities to do what they want. They can continue to mistreat the migrant people inside without any consequences. There is currently no accountability to ensure they are abiding by their own pandemic response protocols. This is dangerous and will allow serious health and safety violations to continue.

Mental health of detainees is further jeopardized, the letter from individuals in La Palma Correctional Center mentioned that they felt traumatized after ICE shot at them with rubber bullets for holding a peaceful strike (Trans Queer Pueblo, 2020). There are no mental health services whatsoever and place people in segregation when they are deemed mentally ill or to punish them (Imprisoned Injustice, 2017, p.34). In the midst of the chaos, detainees reported stress migraines and have asked facility personnel for medicine, but were refused (Trans Queer Pueblo, 2020). People who are feeling their mental well-being deteriorate and experiencing trauma, will not be receiving any support.

Actions to Solve the Problem

The Call for Freedom. In spite of a pandemic keeping people more separated than ever, organizers, legal advocates, activists, and medical professionals across the nation are fighting to free detained individuals. Organizing in a time of social distancing has been difficult, but people all across the country are persevering and finding creative ways to push for change. As of May 1st, 700 migrants have been freed from the detention centers, which provides some hope but only

makes up less than .2% of the migrant people who continue to be detained by ICE (Katz, 2020, p. 1). Although many groups have been advocating specifically for freeing individuals with compromised immune systems, COVID 19 can infect anyone. If people do not demand that all detained individuals are set free, then no one will be freed. This is why people are demanding all detained individuals are freed, and not just a few hundred.

An important tool organizers have been utilizing is social media to push for the release of detained people. Some of the most prominent social media platforms for calls to action and information regarding the immigration detention are often seen on Instagram, Twitter, Facebook. Activists across the country have been using the #FreeThemAll hashtag in the online sphere to spread the message about the dire situation in detention centers. This has functioned as a way of keeping people informed in a quick and direct manner. The #FreeThemAll hashtag has been used to launch this conversation and galvanize communities to demand the liberation of detained people.

In many states, people have been using online platforms to organize car protests where they drive around government buildings or detention centers. On April 10, 2020, I participated in a caravan of about 100 cars circling around Eloy Detention Center and La Palma Correctional Facility in Eloy, Arizona. This protest encouraged all participants to download a communication app called Telegram, which acted as a one way walkie talkie. This helped in communicating logistics to protestors, and allowed for a smooth, but powerful action. The medium of organizing has dramatically shifted, but it is not stopping people from demanding justice.

People have also been circulating #FreeThemAll toolkits that any organization and person can use to demand the release of people in ICE custody (#FreeThemAll, 2020). Many of the same groups organizing protests have also been hosting educational webinars, mass call-in,

email blasts, movie screenings, and a variety of creative ways to reach out to everyone in lieu of a pandemic. The toolkit also provides resources for how to create your own petition, which helps raise more awareness and encourage anyone to organize in their respective community. There was even a petition where more than 4,000 medical professionals signed that called on ICE to release all their detainees (Kratz, 2020).

This #FreeThemAll toolkit also includes templates and resources for legal advocates, public defenders, and legal aid organizations (#FreeThemAll, 2020). People are coming together to fight various legal battles to ask judges to issue a release of detainees (Trans Queer Pueblo, 2020). In some states, federal judges have ordered that ICE release some of their detainees. On May 1st, 2020, U.S. District Judge Marcia Cooke ordered that 3 Florida facilities free 1,200 detainees because the “crowded conditions exposing detainees to the coronavirus violate their constitutional rights, including protections from cruel and unusual punishment.” (Allen, 2020, p. 1) Judge Marcia Cooke also found that ICE failed to provide the detainees with masks and other cleaning supplies and ordered that they release detainees with the goal of reducing the populations in these facilities to 75% capacity (Allen, 2020, p.1). ICE needs to be ordered to free people, or else they will continue keeping migrant people detained.

ICE is detaining people under the guise that migrant people have committed a serious crime, even though the majority of the people in these centers are considered nonviolent (ICE Categorizes, 2017). If the public continues to assume that those inside deserve to be where they are, they will be seen as less human and less deserving of necessary protections in midst of a pandemic. This present day is the moment to take action and expose the inhumane conditions migrant people are experiencing. Migrant detentions centers are often placed in remote locations,

making it harder to know what goes on inside them. The only way to ensure detained migrants will survive this pandemic is by freeing them.

The Means of Liberation. We are witnessing a moment in history that exposes why prisons by no means can keep people safe. Imprisoning migrant people was already killing them, and this pandemic has only accelerated that process. The incarceration of people draws on legacies of slavery and colonialism, which privileges profit over people (Why Freedom, 2018, p.1). Migrant people in the U.S. have been viewed as expendable, but it is time their lives are treated with the dignity and respect they deserve. The immigration detention system is designed to benefit rich, powerful people, which makes it all the more important to involve as many people in this struggle.

Achieving freedom for immigrants has grown out of the abolitionist movement. The fight to abolish incarceration is a complicated and long process, it is necessary to start by advocating for the freedom of detained individuals (Why Freedom, 2018, p.1). Although the fight for liberation is within the context of an oppressive system, fierce collective resistance on the federal, state, and local level is crucial. The liberation of people in ICE custody has been an ongoing fight for years, and continues to this day. Opening the conversation through organized resistance and subsequently asking what needs to be done are the first steps.

The abolition of detention is a radical and necessary goal, but in the mean time, we must work to implement more immediate alternatives. Instead of mass detention, many organizations and people are advocating for alternative ways of dealing with immigration cases. Some of these alternatives include release of recognizance, community support, cheaper bonds, and other forms of monitoring programs (ACLU Fact Sheet, p.1). The International Detention was able to identify over 250 examples of alternative solutions in 60 countries (There, 2020, p.1). By

pushing for these more humane and effective programs, we can begin to move away from mass incarceration and toward supporting migrant communities.

Standing in solidarity with migrant people can come in the form of legal advocacy. Some of the most effective means of liberating detained migrants is on the legal front. In a press conference with Trans Queer Pueblo, Valentina Restrepo-Montoy, an attorney for the Florence Immigrant and Refugee Rights Project, explains how legal advocates are adamantly trying to free people on humanitarian parole, but people that have applied for this, have had to wait for weeks to months to get a response (2020). Because the courts and centers are failing, they have been going to the federal district courts to ask judges to issue a release of detainees (Trans Queer Pueblo, 2020). Various organizations have turned to lawsuits to release people in detention and are relying on district courts to do what ICE is not doing (Trans Queer Pueblo, 2020). Through the hard work of legal advocates, they have had some success, but are still pushing the judicial system to order ICE to release people.

Another powerful immediate means of improving the migrant lives is by making donations to organizations fighting for the liberation of detained individuals. This money could be used toward paying for bail bonds or contributing to mutual aid funds for migrant communities. Individual actions could also look like putting pressure on elected officials through calling or email them and tell them to make ICE free all detained migrants in their state or city. Liberation is a matter of fighting from the grassroots and pulling together all the resources and people possible to fight an oppressive system.

Conclusion

As my paper progressed from breaking down the health crisis of COVID 19 in detention centers to identifying solutions for it, I have illustrated that keeping people trapped in a detention center during a global pandemic is wholly detrimental to detained individuals. These detention centers do not provide adequate medical services, do not communicate with the people inside, use physical and verbal violence, and severely lack accountability. Keeping people inside these centers will only benefit private prisons who are capitalizing off of the imprisonment of human beings. The situation inside of U.S. detention centers was flawed to begin with, but the circumstances brought on by a pandemic have only worsened the conditions inside these facilities. People are not simply dying of a virus, they are dying because the systems of exploitation demand that people remain detained. These issues do not live in a vacuum, but a product of society consumed by relations of power. The detention of people is preventing people from accessing proper medical care and will lead to grave consequences in the face of a pandemic.

Some possible limitations would be my choice to use testimonies of people who were recently detained at these centers. Much of academia makes anecdotal evidence seen as less valuable, but I believe to fully grasp how detention affects the people inside, we must hear their stories. Some people may view anecdotal evidence as a limitation but I believe that utilizing testimonies is a powerful way of learning what's going on from the perspective of those who are most impacted. Oppressors want to shut down the voices of the oppressed; thus it is paramount to have counter-hegemonic spaces of resistance be informed by the anecdotes of the oppressed. It is crucial that migrant people inside these facilities are leading the resistance against ICE's abuse and violence. As Freire said, the oppressed must be active agents in their own liberation. I

believe a way of being an active agent in change is by being willing and able to share your story. The solutions liberation activists seek are rooted, informed, and led by the oppressed.

Within the context of a society dominated by power and exploitation, a world different from the current one can be imagined. However, these structures have not always been our reality; the U.S. immigration detention system has only recently come into existence. These systems currently produce a harsh situation for thousands of migrant people, but it does not have to continue. There is great hope in looking at how people still come together to fight for liberation in spite of a society built upon a hierarchy of power. People all over the world are organizing around abolishing prisons and working toward a liberated world. In detention centers, migrants are organizing themselves and fighting back against the same structure that is confining them. If the people who face the greatest threats from these systems are fighting back, then I do not see how you could not join them in that resistance.

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